Question	Section	Paragraph	Page Number	Question	Answer
1	Attachment D	N/A	151	What is acceptable as "evidence of authority" if asked to provide?	An Offeror may be asked to produce a document that indicates the individual signing has the authority to enter into an agreement on behalf of the entity.
2	Section H	4	113	Can you please describe the scoring for network? If you meet all the Attachment B requirements for a specific region via LOIs, do you get 100% of the points for that requirement?	AHCCCS will not disclose the scoring and evaluation criteria beyond what has been provided in the RFP document.
3	D	2	19	Under several of the eligibility categories, the Contract states the members must pay a premium. On most of the categories it clarifies that the premium is paid to AHCCCS, however, for KidsCare and the SSDI-TMC categories, this is not clarified. Please clarify if the member premium is collected by AHCCCS for all categories or if the MCO has responsibility for collection and billing.	All premiums are paid to AHCCCS.
4	D	3	21	Does AHCCCS work with an Enrollment Broker? If so, who?	No, AHCCCS does not work with an enrollment broker.
5	D	3	22	The Contract states that the Contractor will share with AHCCCS the cost of providing information about the Acute Care Contractors to potential members and to those eligible for annual enrollment choice. Will the Contractor participate in the creation of the materials or receive an invoice for the materials provided without input?	No, the Contractor will not participate in the development of annual enrollment choice material. Yes, AHCCCS will send an invoice to the Contractor.
6	D	16	40	Please clarify if the approval process for moving Key Staff out of the state of AZ only applies to those key staff positions marked with an asterisk (*).	Staff marked with an asterisk must be located in the state throughout the term of the Contract.

7	D	18	44	Is the Contractor required to track the member's language preference to determine when the threshold is met and requires translation?	During the eligibility process, applicants are asked their primary language. This information is collected and shared with Contractors via both the daily and monthly 834 transactions. Sometimes this information is erroneous or incomplete. To the degree that the Contractor has direct contact with a member and becomes aware that their primary language is different than what is reported to the Contractor, yes, the Contractor is required to track the member's language preference in order to determine if the language thresholds are met.
8	D	73	94	Under the list of electronic functions required, why is the capability to perform #3 accept the payroll dedication and other group premium payment for Insurance products transaction (820 format) required?	AHCCCS utilizes the HIPAA 820 transaction format to communicate member capitation payments to Contractors. Contractors must accept and process this transaction format for all AHCCCS capitation payments.
9	I	14	121	Does the Contractor need to have contracts or LOIs in place representing an adequate network?	For purposes of this procurement, a signed Letter of Intent will receive the same weight and consideration as a signed contract.
10	F		157	If no format is noted for a specific listed report, will AHCCCS expect mutual agreement on all formats with the individual MCOs or will a template be provided?	Reports that do not have a uniform template do not require mutual agreement as to format.
11	J	Attach D	151	On page 151 of the RFP (Letter of Intent Instructions), it states, "if a representative signs an LOI on behalf of a provider, evidence of authority for the representative must be available upon request." What is appropriate "evidence of authority" if asked to provide it?	Please see the response to question #1.

12	H	4	113	What is the methodology for evaluation of the network? How much weight do networks have and most importantly, if we can document meeting all the attachment B requirements for a specific region via LOIs, does that mean we get 100% of the evaluation criteria?	Please see the response to question #2.
13	D	6	24	Will the placement in the auto assignment algorithm be determined by the capitation in each specific rate code (for the 50% that is derived from the proposed capitation rate), or by the overall score in the GSA?	Calculation will utilize the capitation for each risk group within in the GSA.
14	D	1	69	What adjustments has AHCCCS made to the encounter data to normalize payment information for health plans who have special contracts with hospitals with related party interests?	None.

15	D	53	75	Please provide additional details on the development of the actuarial rate ranges. What base period will the state use? How will the state smooth data for missing encounters and other anomalies? What assumptions regarding administrative/profit load is AHCCCSA making? In the past, Rate ranges were defined by the agencies actuaries targeting a midpoint and developing confidence intervals around that midpoint. Will the state's actuary use a method that is consistent with this prior practice? AHCCCSA has provided 2 full years and one partial year of data. What baseline period will the state use in the development of their rates? If multiple periods are used, how will the periods be weighted? What is the source of the "market basket" trend factors use to develop rate ranges? Is this a Medicaid specific market basket?	Base period data varies by risk group, GSA and service category (pharmacy only for Part D) utilizing a combination of CYE 05, CYE 06 and 6 months of CYE 07 data. Weighting will not be disclosed. Data is not smoothed in general for missing encounters, however in instances in which AHCCCS is aware of significant missing data from a Contractor, that Contractors data may be excluded and has been noted. Trends are smoothed when anomalies are noted. Administrative trends are included at 9% of gross medical costs and 2% of gross medical for risk contingency. Yes, the State's actuary will utilize a method consistent with prior practice. Market basket information and other national trend information used varies by category of service, examples include National Health Expenditures and Global Insights.
16	D	53	75	Will AHCCCS provide a potential range adjustments to the cap related to the mid-year risk adjustment?	No.
17	D	53	75	The flat increase of the reinsurance threshold (particularly at the lower deductibles) is not consistent with current medical trend. For example, a $5k increase on the $20K threshold is a 25% increase in the deductible. Will AHCCCS consider a more graduated rate of adjustment to the deductible and will contractors have the option to buy-down?	No, AHCCCS is not considering any other adjustment methods at this time. Per the RFP "A Contractor at or above the 35,000 enrollment deductible level may elect a lower deductible prior to the beginning of a new contract year."

18	D		75	Will capitation rates for newborns be risk-adjusted? Will supplemental payments for maternity be risk-adjusted? If so, how?	TANF <1 may possibly be risk adjusted, delivery supplements will not be risk adjusted. Any risk adjustment will utilize the same episodic/diagnostic risk adjustment methodology as all other applicable populations and will be shared with the Contractors prior to implementation.
19	Fin Supplement Section B		1	Is any of the projected cost of the HPV vaccine in the base data provided by AHCCCS, or is that cost carved out?	To the extent the change took place during the data periods provided and services were encountered, the data is included in the information provided. Nothing has been carved out.
20	Fin Supplement Section B		2	Will AHCCCS disclose the specific adjustments to the reinsurance offsets driven by the changes in Outlier Methodology?	No.
21	Data Supplement	Maternity Care		The overview of the Maternity Care Supplement report indicates that the data in the report includes costs that fall “within the inpatient stay”, including any professional claims that fall within the time frame of the actual delivery. Does this imply that other prenatal cost, such as antepartum physician visits, untrasounds or other diagnostic or therapeutic procedures that occur in the pre-natal period are not in the base for the supplemental payment? How does this address global delivery rates vs. FFS payments? Do all contractors pay consistently (i.e. Global capitation), or has AHCCCS made an adjustment in the data to accommodate different reimbursement methodologies? Will AHCCCS consider releasing these rates prior to the proposal deadline, given the potential noise in the data?	All services included in the global delivery codes are included and all billing during the inpatient range. FFS payments outside of the global billing that do not fall within the inpatient stay are excluded. No adjustments have been made for contractor differences. Rates will be released prior to the end of February. See the Data Supplement, Section R and S.

22	I	V, Q 45	127	May we exceed the 3-page limit for organizational charts?	The RFP is amended to remove the 3 page limit for this submission requirement.
23	Attachment B		142	Eldorado Hospital is listed and they are no longer an acute care facility; will this remain a requirement?	The RFP is amended to remove El Dorado Hospital.
24	Bidder's Library	Forms	Network Attestation	Please explain the meaning of the grey shading on the Network Attestation forms. They don't always match up to Network Requirements.	Gray areas will not be scored by AHCCCS. AHCCCS has published a revised Network Attestation form.
25	D	27	56	Can AHCCCS provide a list of the registered AzEIP providers?	Prior to October 1, 2008, AHCCCS will make available a list of AzEIP providers.
26	D	27	56	We understand that AHCCCS supports more than 100 GME Residency Training Programs in the State. Can you provide a list of those programs?	While not an inclusive list, AHCCCS provided direct reimbursement to the following GME programs in SFY2007: Banner Good Samaritan, John C. Lincoln -- Deer Valley, Kingman Regional Medical Center, Maricopa County Medical Center, Mayo Clinic Hospital, Mesa General Hospital, Phoenix Baptist Hospital, Phoenix Children's Hospital, Scottsdale Healthcare - Osborn, Scottsdale Healthcare - Shea, Sierra Vista Regional Health Center, St. Joseph's Hospital -- Phoenix, Tempe St. Luke's, Tucson Medical Center, University Medical Center, University Physicians Hospital at Kino, and Walter Boswell Memorial Hospital.
27	D	29	58	Can AHCCCS provide a list of the homeless clinics in the State?	Prior to October 1, 2008, AHCCCS will make available a list of Homeless clinics.
28	D	37	65	For item #6, does AHCCCS mean the Contractor's Medical Director or AHCCCS's Medical Director?	The Contractor's Medical Director.

29	D	42	70	The first two paragraphs of #42 seem to contradict each other. Is reporting required or not?	CMS has suspended the requirement to report to CMS all incentive programs. Contractors must, however, receive AHCCCS approval prior to implementing a pay for performance program.
30	D	74	94	Can AHCCCS provide any additional information on the AZ Health-e Connection and its expectations for contractors over the next contract cycle?	General information is available on the AHCCCS website at http://www.azahcccs.gov/eHealth/. See additional links to project intent and progress on this page.
31	D	76	96	Can AHCCCS provide any additional information on Arizona-based translational and clinical research? What are AHCCCS's expectations for health plan involvement in this effort?	Contracts will be expected to comport with the AMPM, Chapter 300 (Pg 320-2). Additionally, Contractors may be asked to identify members who may benefit from participation in clinical trials.
32	I	28	125	Please clarify your reference to Medicare Advantage plans. Do you mean a Medicare Advantage plan with a PDP and then a stand-alone PDP?	The RFP has been amended to read (MA, MAPDP or PDP).
33	I	33	126	Does your request for a description of care coordination between physical and behavioral health care only apply to pregnant and post partum women in this question?	Submission #33 applies only to maternity related care coordination.
34	Attachment B		143-149	The Minimum Network Standards for the rural counties state under hospitals that Offerors must contract with physicians with admitting privileges in certain locations. Does this mean that hospital contracts are not required in these counties?	Contracts are not required, however, Offerors are encouraged to establish contractual relationships with hospitals.

35	D	32	60	Item a. states the contractor must use clearly marked referral forms. If a Contractor accepts telephone request or a fax form or web form request for authorizations is this considered acceptable within AHCCCS Referral Management Standards?	Paper referral forms must clearly identify the Contractor. Other forms of referrals such as telephone, fax and web are acceptable as long as the tool(s) clearly identifies the Contractor.
36	I	6	114	In addition to sending signature page(s) of amendments back to the solicitation contact person, should Contractors also submit a copy of signed signature page(s) with our proposal?	AHCCCS will not require the submission of signed amendments at the time they are issued. However, Offerors are required to return them signed with their proposal submission and acknowledgement will be required on the amended version of Attachment J of the RFP.
37	I	47 & 50	128	Would AHCCCS consider removing or increasing the page limit for this question? For a national company it will be difficult to include all of the information requested within three pages.	Offeror must limit narrative responses to 3 pages. Tables of Contracts may exceed the 3 page limit.
38	B		7	How will CYE10 and CYE11 capitation rates be established? Are there any requirements of the bidder to submit capitation rates or trend assumptions for CYE10 or CYE11 as part of the RFP response?	See paragraph 53, Compensation for discussion of capitation rate development. The bidders are required to submit forecasts for CYE10 and CYE11. See Section I, #72 and #73.
39	D	53	75	Will the implementation of AHCCCS's anticipated episodic/diagnostic risk adjustment methodology be allowed to result in future capitation rates paid to contractors that fall outside of the actuarial rate ranges established by AHCCCS when scoring the bids?	Possibly, dependent on Contractor-specific acuity. The risk adjustment methodology will take into account the membership at the time of implementation and will provide the Contractors with actuarially sound rates based on their current membership base. The revised rates must be approved by CMS.

40	I	9	117	The RFP states: "An existing contractor in Maricopa or Pima County who is not awarded a CYE 09 contract may request to have its enrollment capped and to continue providing services under the terms and conditions of this new Contract. AHCCCS may, at its sole option, grant or deny such a request." Two contractors make up about 60% of the membership in Maricopa County. It is possible that these two contractors are not awarded a CYE09 contract and the State grants requests for both contractors to continue with capped membership. This would only leave around 200,000 members for the 6 contractors awarded contracts in CYE09. What assurances can the State provide that this scenario would not occur?	AHCCCS cannot anticipate the many possible scenarios that could occur and cannot provide any assurances.
41	Bidder's Library	Sections C & J	N/A	Will the State provide completion factors by Risk Group and Service Category for the CYE07 utilization data and financial data?	Completion factors for encounter data only will be made available in the Data Supplement prior to the end of February.
42	G		163	The post-conversion auto assignment paragraph references an "enhanced auto-assign algorithm." Where is that provided?	All information is available on page 163 of the document. The algorithm will be based on the outcome of the awards.
43	III	12	123	When will AHCCCS issue the delivery supplement amounts?	Per Section S of the Data Supplement, by the end of February.
44	G		162/163	If no changes are made to the contractors in a specific GSA, will a continuing contractor that is below the GSA specific enrollment threshold receive the enhanced auto assignment algorithm?	Yes.

45				The link on the website to the attestation form for receiving the data supplement CD has been removed. Where is it available?	The link has been re-established.
46	D			Will AHCCCS issue a red-lined version of Section D?	No.
47	I	47	128	Please clarify whether the table showing current risk contracts should be limited to the specific offeror or include offeror's parent corporation	Submission requirement is not limited to the Offeror.
48	I	48	128	Do contract held with AHCCCS related entities (HCG) qualify as one of the three governmental agencies.	Yes.
49	Instructions to Offers	n/a	n/a	Can flowcharts contain font less than 11 points?	Yes.
50	Instructions to Offers	n/a	n/a	Can footnotes be used, and if so, can they contain font less than 11 points?	Footnotes are allowed, but must be in 11 point font.
51	Instructions to Offers	n/a	n/a	Can we include attachments if the standard does not indicate to "attach" or "provide"?	No.
52	Instructions to Offers	n/a	125	The standard says "provide an example". Does this mean only one example, or can we provide a few examples so that we cover the different major areas of medical management (i.e., dental, pharmacy, medical, etc)	Offeror can provide more than one example if the Offeror does not exceed maximum page allotment.
53	Instructions to Offers	n/a	125	This standard is significant and we would like to give a full answer. Can we exceed 3 pages for this limit?	AHCCCS cannot respond without further information regarding the specific question to which the Offeror refers.
54	Instructions to Offers	n/a	n/a	What happens in scoring if we exceed the 3-page limit (or indicated limit) on any given standard?	Only the indicated number of pages will be reviewed.

55	A	Data Supplement		Please provide AHCCCS' thought process to the bidders on its decision to set the delivery supplement rate rather than have the bidders propose a rate?	AHCCCS believes providing the supplemental rate will help with estimating the remaining TANF 14-44 female costs and thus the bids for the TANF 14-44 female rate.
56	A	Data Supplement		Given seasonality variation and timing of trend, does AHCCCS feel that the six months of CY07 encounter data is an adequate reflection of annualized CYE07?	No significant seasonality has been noted.
57	A	Data Supplement Instructions		Are encounter claims in the data supplement net of TPL/COB?	Contractors are required to cost avoid when paying claims, and report encounters accordingly, net of TPL. Post payment recoveries are required to be reflected by restating and resubmitting the previously submitted encounters. Also, TPL recoveries are reported in the financial statements.
58	A	Data Supplement Instructions		Please provide historical TPL/COB amounts by GSA and by rate cell.	AHCCCS will provide this information from Contractor financial statements and post it in Section J of the Data Supplement.
59	A	Data Supplement Instructions		Please provide anecdotal information to help explain the erratic per member per month (pmpm) claim cost trends by GSA by service category.	AHCCCS needs more specifics regarding which trends to address.
60	A	Data Supplement Instructions		Did AHCCCS pull SSI with Medicare rate cells out of the pharmacy trend analyses to avoid skewed utilization trends?	Yes, AHCCCS considered this when setting the rate ranges. Nothing has been removed from the data provided in the data supplement.

61	A	Data Supplement Instructions		Did AHCCCS add a completion factor to the encounter data before it was published in the data supplement or will they add one later? Does the completion factor vary by category of service grouping? Can AHCCCS provide the completion factors used by time period? Is the completion factor only for IBNP or does it account for the incomplete nature inherent in all states' encounter systems?	No completion factor was added prior to publishing the data supplement. AHCCCS will provide completion factors in Section C of the data supplement prior to the end of February. The completion factors are only for IBNR. AHCCCS has verified that generally, encounter information is supporting financial statements with these completion factors.
62	B	Part B drugs		If a contractor has members who have primary Medicare coverage, and the members' part B drug co-insurance is paid through a pharmacy benefit manager, are those co-insurance amounts included in the costs in the data book?	Costs incurred by the Contractor are required to be encountered. Encountered costs have been included in the databook. To the extent these costs have been reported in the financial statements, they are also included in the financial information provided.
63	J	Financial Information		For CYE06, the aggregate financial data for GSA 12 (Maricopa) is consistent with the aggregate encounter data (with Maternity added back in). However, CYE07 aggregate financial data is $103M more than the CY07 aggregate, annualized encounter data. Does this imply that trends in the second half of CYE07 were very high?	The CY07 financial data expenses are from unaudited self reported Contractor financial information. In addition, a completion factor needs to be applied when analyzing the CY07 encounter data.
64	J	Financial Information		Given that encounter data is on a "run-rate" basis but financial data is on a "booked" basis with several prior period adjustments, should the financial data be relied upon as a test to measure the completeness of the encounter reporting?	AHCCCS primarily utilizes encounter data with possible adjustments made based on reported Contractor financial experience. Contractors are required to report significant prior period adjustments in their financial statements as part of the quarterly and annual financial reporting to AHCCCS, and AHCCCS reviews this data when utilizing financial statements for rate setting purposes. These types of issues are taken into consideration when comparing financial statement data to encounter data.

65	J	Financial data		How should negative, paid financial data be construed for rate setting purposes? For example, CYE06 Emergency services for MEDs in GSA 2 is ($7.08).	The data provided is actual historical data submitted by the AHCCCS acute Contractors, certified as accurate upon submission to AHCCCS. Encounter data provided in the data supplement should be used in conjunction with the financial statement data provided.
66	R			Why is the number of births different in Section R and Section L for the same time periods?	Section L is births, Section R is deliveries based on the delivery supplement payments. In instances of multiple births, only one delivery is counted in the Section R vs. the number of babies is reported in Section L. Section R excludes one Contractor's data due to encounter issues but Section L includes the births for this Contractor.
67	R			Please share the historical number of births by vaginal versus C-section?	This information is now available in the Data Supplement, Section R.
68	R			What C-Section assumption did AHCCCS use in development of the CYE09 Maternity supplemental payments?	The information provided in Section R of the Data Supplement for C-Section vs. Vaginal deliveries is from the encounter data used to calculate the CYE09 Delivery Supplement rates.
69	B	HPV	1	The narrative states that Federally required HPV vaccine for females 20 and under, but that coverage for women under age 20 started December 1, 2006. Should these be the same?	The requirement is for age 20 and under. The data supplement information in Section B will be revised to reflect the correction.

70	B	HPV	1	Please clarify the following: For females under 18, HPV coverage started December 1, 2006; only the drug administration costs are covered so data supplement includes just these costs after that date. For females aged 19, HPV coverage started December 1, 2006; the drug administration and vaccine cost are covered, so the data supplement includes these costs after that date. For females aged 20 through 25, HPV coverage started October 1, 2007 so no costs are included in the data supplement. Are the estimated costs for CYE08 the aggregate costs above what is included in the data supplement?	No, these are the total estimated costs of the HPV, regardless of what is included in the encounter data. Please note that the ages quoted in the question are incorrect, please review the AMPM for details.
71	B	HPV	1	Given the high churn of the TANF population, a new group of females will present each year for this vaccine. Will AHCCCS revisit their cost estimates of start-up versus annual and/or share their assumptions?	AHCCCS revisits assumptions of new programs annually for the early stages of implementation.
72	B	Outlier	2	To properly assess the outlier change, will AHCCCS provide a matrix of hospitals’ cost-to-charge ratios with the corresponding distributions of admits and billed charges?	No.

73	B	Outlier	2	Please provide more detail on how AHCCCS priced the outlier impact?	Because encounter and claims information did not consistently identify outlier reimbursement methodology, AHCCCS developed a methodology to estimate utilization of outlier reimbursement. Using contract year 2005 (Oct 2004-Sept 2005) encounters and AHCCCS fee-for-service claims data, AHCCCS determined those claims that appear to have qualified and paid at outlier level by applying hospital specific CCRs (as set in 1998 and used through 9/30/07) to billed charges. We then compared this calculated amount to the thresholds in effect in contract year 2005. If the amount calculated met or exceeded the threshold, the amount that would have paid at outlier was calculated using billed charges and the statewide average CCR (as set in 1998 and used through 9/30/07). This final amount was compared to the Contractor paid amount and if the Contractor paid was above, at, or up to 5% below this amount it was considered to be paid at outlier reimbursement level. Using encounter data only, we replaced the above CCRs for qualifying and paying the outlier claims with Medicare Urban/Rural PPS plus the Medicare Urban/Rural Capital CCR. Claims that did not qualify for outlier reimbursement were priced at tier to determine overall impact to reimbursement. AHCCCS estimated an even distribution of the impact over the first three years of the phased in implementation.
74	B	Incontinence	3	How did AHCCCS price incontinence supplies? Did AHCCCS account for the fact that as this benefit became more widely-known, that costs exponentially increase by month throughout calendar year 2007?	For CYE09, AHCCCS utilized the encounter data submitted by the Acute Contractors for inclusion of these costs in the CYE 09 rate ranges. AHCCCS encounter data does not show exponential increases during calendar year 2007 and the overall amount is significantly less than the estimates mentioned in the Data Supplement, Section B Program Changes.
75	B	PKU testing	3	Are PKU testing costs already included in CYE06 costs or does the TANF <1 PCP costs need to be increased 13.5% more?	The costs are included in the encounter data provided.

76	B	Same-day admits	4	Have same day admits been removed from historical reinsurance costs provided? Did AHCCCS remove same day admits from reinsurance offsets?	Nothing has been removed from the data provided. Same day admit/discharge data was analyzed as part of the reinsurance offsets analysis and to the extent material by risk group, adjustments may have been made.
77	B	HIV/Aids Drugs	5	Are the costs for the HIV/Aids drugs included in the data narrative?	There is no cost data provided in the HIV/AIDs narrative in Section B of the data supplement.
78	C		16	There is a definition of WWHP (Well Woman Health-Check Program) that references AMPM Chapter 400 but there is nothing in AMPM Chapter 400 about WWHP.	The correct reference for the Well Woman Health-Check Program is AMPM Chapter 300, Section 320, page 4, located on the AHCCCS website under Policies and Manuals. The RFP has been amended.
79	D.Intro	3	17	What programs or processes does AHCCCS have planned in the area of leveraging joint purchasing power?	None at this time.
80	D.2	12	19	Please describe the YATI members. Is their experience included the data file? How many YATI members are there in each GSA? Is the utilization and cost for these members included in the data book?	The experience is included in the databook. These members are not new, the RFP just clarified this program. There are less than 200 YATI members statewide. YATI members are fairly evenly split between males and females, are aged 18-21 and are included in the TANF risk groups.
81	D	10	27	The contractor is required to comply with the Notice of Action requirements set forth in the ACOM Notice of Action Policy, but information in the AHCCCS Bidder's Library indicates that this policy is under development. When will this policy be issued?	Please reference ACOM Policy 414. Policy 414, issued 7/27/07, is the NOA policy. The Bidder's Library has been updated to refer to the correct policy number.
82	D.10	80	34	Please clarify the last sentence of the 2nd paragraph in the Prescription Drugs section.	If the drug is covered as a Medicare Part D drug, it will not be covered by AHCCCS.

83	D	Paragraph 4	37	Will the contractor be required to carry on its formulary, medications and equipment used by ASH, even if it is not cost effective? How will the contractor be informed of the need for diabetic discharge planning/coordination? What requirements exist for the RBHAs to notify the contractor when a diabetic member (requiring the medication or equipment) is to be discharged in time to allow for coordination of care with ASH?	The glucometers and supplies utilized by the member while hospitalized in AzSH must be authorized at the time of discharge regardless of whether or not it is on the Contractor's formulary. Contractors are required to participate in the discharge planning process for all AzSH discharges. AzSH medical staff does and will continue to coordinate medical issues i.e., diabetes treatment, with the HP Behavioral Health Coordinator.
84	D.12	9	37	Please describe the roles, responsibilities and functions of the AHCCCS work group that is developing evidence-based guidelines for the treatment of anxiety, depression and ADHD disorders. What is the composition of this work group?	The work group is made up of several current Acute Contractor Medical Directors, ADHS/DBHS Medical Directors, AHCCCS Behavioral Health Administrator, AHCCCS Medical Director and Policy Managers. The scope of the work group is to select nationally endorsed, valid and reliable evidenced based guidelines including screening tools and for the treatment of depression, anxiety and ADHD disorders in the primary care setting. Additionally, the work group will develop policy language to describe the enhanced requirements of coordination of care from the PCP setting to the RBHA to improve health outcomes.
85	D		39	How will the contractor receive notification of members enrolled with a MSBC program, (e.g. with each enrollment report)? How will AHCCCS assist the contractor in obtaining information in the event the member’s parent refuses to allow the contractor to participate in the MSBC planning of services, how will AHCCCS assist the contractor in obtaining information?	There is no formal notice to the Contractors from AHCCCS or the school system.
86	D.16	2	40	Will AHCCCS give preference to a contractor that maintains a significant presence in the State of Arizona, is major employer, and participates in all lines of AHCCCS’ business?	AHCCCS will not disclose the scoring and evaluation criteria beyond what has been provided in the RFP document.

87	D	k	41	Please clarify what "comparable education and experience" would satisfy this requirement. CPHQ is generally a credential to address hospital, nursing and medical personnel rather than statistical and data analysis professionals.	The scope of CPHQ certification includes quality management, statistics and data analysis, quality improvement, case management, utilization management and risk management at all employment levels and in all healthcare settings. Individuals with comparable education and experience to those required for CPHQ certification would satisfy the requirement.
88	D		49	If the contractor can demonstrate through a HEDIS certified vendor that the contractor has met the comparable standard [HEDIS] to MPS will the contractor still be subject to sanction(s)?	Contractor must meet MPS as measured by AHCCCS. Sanctions will be based on AHCCCS measured rates.
89	D		54	Regarding credentialing timelines, please clarify the definition of a complete application. Does this mean the application is not missing ANY elements and does the "clock" start upon receipt of an application that has all elements completed?	Please refer to AMPM Chapter 900, Section 950 located in the Bidder's Library for what constitutes a "complete provisional credentialing application" and when the 14-day timeframe is initiated.
90	D	Paragraph 2	56	What AzEIP services would not be covered under EPSDT? How will AHCCCS inform the contractors of enrolled members applying for, or participating in, AzEIP so that the contractor can actively participate in the coordination of care for the member?	Those services that are not considered medically necessary and/or not covered under the AHCCCS Scope of Services specified in the RFP would not be covered under EPSDT. It is AHCCCS' s expectation that the Contractor identify potentially eligible AzEIP members through processes such as: review of the Parental Evaluation of Developmental Status forms and EPSDT Tracking Forms; review of the IFSPs sent to the Contractors by AzEIP service coordinators; review of the the active care roster sent to Contractors which identifies NICU and Sick babies, and through other processes already in place such as concurrent review and utilization review of prior authorization requests.

91	D	27	56	What rate is the contractor required to pay AzEIP providers? Will the AzEIP providers be held to prior authorization requirements when non-Par? Will the contractor be required to submit encounters for services provided by these programs? Will AzEIP providers be required to submit HCFA1500's or can they submit nonstandard invoices?	If the Contractor does not have a contract with an AzEIP provider, the Contractor is required to pay the AHCCCS fee schedule rate. Contractors may require prior authorization for services provided by non participating providers. Contractors are required to submit encounters for all claims paid including those paid for AzEIP services. AzEIP providers are required to submit claims on standardized claim forms such as CMS 1500's.
92	D	38. Claims Payment	67	The RFP references the ACOM Recoup Request Policy. In the Bidder's Library, this policy is referenced as ACOM Policy 412, but the policy is not included in the bidder's library. When will the policy be released?	The Policy has been posted to the Bidder's Library.
93	D	53	75	Please explain how AHCCCS will set the PPC rates. What historical time period and data source(s) will be used as the base?	Same methodology and time periods are utilized for PPC and prospective rate setting.
94	D	53	75	Since a 2% loss on the PPC rates is not an insignificant amount, will the PPC capitation be risk adjusted?	No, the PPC rates will not be risk adjusted by the episodic/diagnostic risk adjustment methodology.
95	D	53	76	What level of administrative costs will be allowed for the PPC reconciliation?	See PPC policy included in the Bidder's Library.
96	D	55	77	Will future capitation rate increases be the same percentage for all contractors?	Future rate increases are not applied using a %, but are applied using a set dollar amount specific to each risk group and GSA. In addition, the episodic/diagnostic risk will be applied by Contractor. See also answer to #97 below.

97	D	55	77	Will AHCCCS reduce future capitation rate increases if collective plan profits are too high? Is there a target Medical Loss Ratio that is targeted for future rates?	AHCCCS may adjust all Contractor rates due to excess profitability if the excess profitability is due to a medical component that is determined to be too high. AHCCCS builds the capitation rates first by developing the medical component of the rate then adjusts for administration, risk contingency, reinsurance and premium tax.
98	D	55	77	Will State budgetary pressures affect future rate increases or development of the CYE09 rate ranges?	The State budget position is always a factor at some level when preparing capitation rates, however the final rate ranges are required to be actuarially sound and must be approved by CMS.
99	D	Paragraph 3	82	Please clarify what is meant by services? Does this include items such as DME, pharmacy/medications, etc.?	"Services" means all AHCCCS covered services specified in Paragraph 10, Scope of Services.
100	E.8		98	The parties further agree that the State of Arizona, its departments, agencies boards and commissions shall be responsible for its own negligence. Will this section be revised to state that the State of Arizona, its departments, agencies boards and commissions shall be responsible for its own negligence and willful misconduct?	The RFP is amended to read: "The parties further agree that the State of Arizona, its departments, agencies, boards and commissions shall be responsible for its own negligence and/or willful misconduct. Each party to this contract is responsible for its own negligence and willful misconduct."

101	E.19, third paragraph		100	The RFP discusses the circumstances under which AHCCCS may temporarily manage Contractor's responsibilities under the contract. The RFP then states "AHCCCS shall have the power to employ any necessary assistants, to execute any instrument in the name of the Contractor, to commence, defend and conduct in its name any action or proceeding in which the Contractor may be a third party." Read literally, this sentence effectively grants AHCCCS a general power to conduct all affairs of Contractor, even if they related to a non-AHCCCS client. To clarify, please consider editing this sentence to add the following phrase to the end: "; provided, however, such powers shall only apply with respect to activities occurring after AHCCCS undertakes direct operation of the Contractor in connection with this Section 19.	The RFP is amended to reflect the requested change.
102	G		108	This page has "Page 1 of 2" in the upper right corner however there is not a page 2. Is there a second page or is this a typo?	There is no second page. The RFP has been amended.
103	G	Financial Disclosure Statement	109	Are continuing offerors who have filed the required Financial Disclosure Statement within the last 12 months required to file Related Party?	Yes.
104	H	1	113	Will AHCCCS be using independent actuaries during this bid process?	No.
105	H	1	113	Will AHCCCS be using independent actuaries to peer review the work being done internally by AHCCCS?	No, actuarial work is reviewed by AHCCCS CPAs and finance personnel.

106	M			Reinsurance offsets are radically higher than historical information provided; did AHCCCS use encounter data from a more recent time period? Do the radically higher reinsurance offsets imply higher inpatient claims for more recent time periods?	AHCCCS has determined that the member months used in the denominator for the RI payments PMPM were incorrect. Revised data will be posted to the Data Supplement Section M.
107	H	1	113	Given AHCCCS is most knowledgeable about the quality of the data sources, please provide some anecdotal comments on the quality, completeness, and value of each data source? These comments will help the actuaries gain more comfort and lessen the amount of margin to build into the rates for uncertainty.	AHCCCS will provide completion factors prior to the end of February. The completion factors are only for IBNR. AHCCCS has verified that generally, encounter information is supporting financial statements with these completion factors.
108	H	1	113	Will state budgetary pressures determine trends used in the development of rate ranges? Or will it be purely be an actuarial exercise?	The State budget position is always a factor at some level when preparing capitation rates, however the final rate ranges are required to be actuarially sound and must be approved by CMS.
109	H	1	113	Since Hospital Cost settlements are common in the managed care industry and are often made outside of the encounter data, would AHCCCS consider adding a commensurate amount to the encounter data?	Contractors are required to encounter all payments to providers as paid. Contractors are required to correct any previously submitted encounters where a negotiated settlement subsequently occured. To the extent they have been encountered correctly, it is included in the data provided.
110	I	8	116	The RFP states that if a plan bids above the upper bound for a given rate cell, the capitation rates offered will be placed somewhere in the bottom half of the rate range. How will AHCCCS and its actuaries determine the specific placement? Will it be the same logic for all plans? All GSAs? All rate cells?	AHCCCS is not disclosing the methodology for rate placement.

111	I	9	117	Can AHCCCS confirm that the bidders should bid GSA 10 assuming both Pima and Santa Cruz will be awarded? How will AHCCCS develop the adjustment to the Pima-only rates if Santa Cruz is not awarded?	Yes, GSA 10 should be bid assuming both Pima and Santa Cruz will be awarded. The adjustment for a Pima-only rate will be based on trended Pima County encounter data and financial statements.
112	I	Question 12	123	Contractors need to know the $50k and $35k reinsurance offsets before bids can be prepared since AHCCCS' pricing may be different than plan projections. When will these amounts be made available?	All Contractors are instructed to bid at the $20k reinsurance offset level in order to bid within the actuarial ranges. The $35k and $50k amounts are expected to be released prior to contract award.
113	I	Question 12	123	Since the PPC rates have historically produced losses, what Medical Loss Ratio will be targeted for PPC capitation rates?	AHCCCS builds the capitation rates first by developing the medical component of the rate then adjusts for administration, risk contingency, and premium tax. Contractors are not required to bid PPC rates. Contractors are to bid each required risk group independently and should not take other, non-bid risk groups into consideration when calculating bid risk groups.
114	I	Question 12	123	What Medical Loss Ratio will be targeted for maternity capitation rate?	AHCCCS builds the capitation rates first by developing the medical component of the rate then adjusts for administration, risk contingency, and premium tax.
115	I.42		126	Please clarify the intent of this question in particular "Describe how PCPs are educated on their ability…"or did AHCCCS intend this to read, "Describe how PCPs are educated on the existence, utilization and adherence of guideline"?	It is worded as AHCCCS intended. The intent is for the Contractor to describe how the Contractor ensures PCPs are aware that they may treat ADHD, mild depression and anxiety (not refer to RBHA); any provider education given related to these disorders and a description of how the Contractor ensures the PCP is treating members with these disorders appropriately. This includes education and notifying PCP's of the AHCCCS established evidenced based guidelines to treat these disorders, including recommended medication algorithms, developing a treatment plan and identifying severity of symptoms that require a referral to specialty care i.e behavioral health services.

116	Attachment A, Section 14		136	The parties to this contract agree that AHCCCS shall be indemnified and held harmless by the Contractor and Subcontractor for the vicarious liability of AHCCCS as a result of entering into this contract. However, the parties further agree that AHCCCS shall be responsible for its own negligence. Will this section be revised to state that AHCCCS shall be responsible for its own negligence and willful misconduct?	No, AHCCCS will not make the requested change.
117	Attachment G		161	In the formula where "t = the total members assigned…", should this be read as "t = total members auto-assigned"?	Yes.
118	Attachment G		161	Ignoring the enhanced auto assignment process, if a contractor's Target percentage is 26%, will they approximately get 26% of the monthly auto assigned?	Yes, subject to certain factors such as family continuity (a family will not be split up in an auto-assign situation), etc.
119	Bidder's Library Reporting Guidelines/Manuals			The Bidder's Library states that there is a revision to the current AHCCCS Reporting Guide for Acute Health Care Contractors in the link below it. Is the revised reporting guide available through the link? It doesn't seem to be.	The revised guide is available via the supplied link on the Bidder's Library.
120	Attachment B		147-148	In Tucson and Metropolitan Phoenix, the network requirements indicate that a Contract is Required. Will a Letter of Intent suffice for purposes of the bid, with a formal contract to follow?	Please see the response to question #9.
121	Section D	16	40	"The Contractor must obtain approval from AHCCCS prior to moving functions outside the State of Arizona" Is this specific to the functions associated with the key staff listed identified with an asterisk?	Please see the response to question #6.

122	Section I	14	121	Example indicates "Provider Network" would begin with the page number following the last page number in "Program". Proposal organization lists "Provider Network" after "General Matters" Please clarify if "Program" should be replaced with "General Matters" or as another example "Provider Network" should be replaced with "Capitation"	AHCCCS has amended the RFP to replace the word "Program" with "General Matters" in the explanation.
123	Attachment D		152	The approved LOI template asks for AHCCCS ID number or NPI number, will the administration allow an offeror to include one or the other number on the network data table, or can the administration provide access to a database with these numbers?	An Offeror may use either an NPI or AHCCCS ID number.
124	Section D	32a	60	Are we required to require PCP referrals to contracted specialists? Can we opt not to require in network specialty referrals?	Yes, PCP referrals are required to contracted specialists. No, Contractors can not opt to not require in-network specialty referrals.
125	Attachment B			In the rural counties, the requirement for hospitals states that the offeror must have "physicians with admit and treatment privileges required in the following communities" Does this mean that an actual LOI or contract with that hospital is not required in order to list the hospital, if the offeror has physicians who can admit to that facility?	Please see the response to question #34.
126	Section D # 16	2	40	If functions currently reside outside the State of Arizona is approval required prior to the functions being performed outside of the state if a contract is awarded?	Staff marked with an asterisk must be located in the state throughout the term of the Contract. Non-asterisked staff out-of-state arrangements shall be considered approved upon award if the Offeror has disclosed the location within the bid submission. Approval is required after Contract award if a move is anticipated. Please see amended version of Section I, Organization, Question 45.

127	Section D	74	94-95	Arizona Health eConnection project plan: the contractor is responsible for deployment of upgrades and enhancements a necessary to contracted providers. In addition the contractor must provide “cooperation” in developing the project plan and performing necessary enhancements to support the project. Can you share with us high level timelines and goals so that we can estimate the effort required for IT in the first, second, and third years?	Please see the response to question #30.
128	Data CD			Will the state provide a cross reference table for State Medicaid ID to NPI translations?	All NPI information for AHCCCS registered providers is included as alternate ID information in the weekly Provider Extract File provided to all Contractors.
129	Section I # 37	5	126	Question references AHCCCS 1115 waiver, Special Terms & Conditions #39. Upon our review could not locate #39. Is this the applicable reference?	Please refer to the AHCCCS Waiver on the AHCCCS Website (http://www.ahcccs.state.az.us/Publications/PlansWaivers/1115Waivers/default.asp.). STC #39 is the Family Planning Demonstration Waiver.
130	E	2	155	Who are your actuaries?	AHCCCS employs its own full time actuary.
131	D	53	75	Will there be a minimum or maximum risk score adjustment allowed to the original accepted rates?	Minimum or Maximum adjustments may be determined as part of the episodic/diagnostic risk adjustment methodology analysis.
132	D	53	75	How often will the risk scores be updated and will the risk scores be adjusted retroactively? That is, will the risk scores be refreshed as encounter data is received/refreshed?	Risk scores will be reviewed during CYE09 and as part of the rate renewal process each contract year thereafter. It is not AHCCCS' intent at this time to apply the episodic/diagnostic risk adjustment methodology retroactively.
133	H	1	113	Will AHCCCS be adjusting the rate ranges to account for the expectation that the plans will meet the minimum performance standards?	The Contractors should be able to meet the minimum performance standards with the rate ranges developed.

134	H	1	113	Can you provide us with the assumptions used for the actuarial rate ranges?	Completion factors for encounter data only will be made available in the Data Supplement prior to the end of February. In addition, some general trend assumptions will be provided in the Data Supplement by March 7, 2008. Both of these will be provided in Section C.
135	Att. G		162	Will the auto-assign algorithm be recalculated as of 4/1/09 (or when the risk scores are implemented) to use the “normalized” capitation rates?	AHCCCS will make a determination on whether to recalculate the algorithm as part of the implementation of the risk-adjustment methodology.
136	Att. G		162	Regarding the increased Auto-Assignment for new plans or plans below the specific enrollment threshold, what if an existing contractor is not awarded a CYE 09 contract but is allowed to have its enrollment capped? Will the standards be adjusted appropriately to only account for the remaining members?	The question is unclear. Please resubmit with additional information.
137	Data Book			Please provide the code used to define claim service categories (as outlined in Section E).	See Section D of the data supplement.
138	Data Book			Can you provide the amount of any claims settlements that are not included in the data book?	Contractors are required to encounter all payments to providers as paid. Contractors are required to correct any previously submitted encounters where a negotiated settlement subsequently occured. To the extent they have been encountered correctly, it is included in the data provided. Included in the databook are encounters received and adjudicated through the first December 2007 encounter cycle.
139	Data Book			Is the underlying cost and utilization data completed with IBNR? If so, please provide the factor(s) used.	No, the data provided does not include completion factor adjustments. Completion factors for encounter data only will be made available in the Data Supplement prior to the end of February.

140	Data Book			Assuming the bidder plans on providing all acute care services allowed by AHCCCS, are there any costs/service categories that need to be removed from the underlying data prior to data analysis such that the data is not part of the capitation rates?	All Contractors must provide all acute care services allowed by AHCCCS. Contractors are instructed to submit encounters only for covered services, thus there should be no data to remove.
141	Data Book			Section C – Databook Information states “Delivery Supplement related costs are excluded from this databook” yet there are claim under the buckets of IP Maternity, NICU and Nursery. Can you explain what the data is that is in these buckets?	IP Maternity costs included in the databook represent costs that may have occurred for pregnant women who ultimately did not deliver during that IP stay. NICU and Nursery are not covered by the Delivery Supplement.
142	Data Book			Please provide utilization and cost data by GSA and duration. Note that given the Increased Auto-assignment rule, it is possible that existing contractors will lose members and their current pool will not be “refreshed” since for 3-6 months they will not be getting as many new entrants to replace the ones leaving. As a result, the composition of their population may change. To the extent that duration and/or auto-assign plays a factor in the risk of the population, the Increased Auto-assignment rule could impact the risk of the existing contractor’s population.	Average length of stay reports may be found in the Inpatient Hospital Summary Reports in Section C of the Data Supplement. The reason for the 6 month maximum for the enhanced auto-assigment algorithm was to avoid any significant mix change in the enrollment by Contractor, thus not impacting the actuarial soundness of the capitation rates.
143	Data Book			What caused the significant changes in SSI W average costs, utilization/1000 and, as a result, PMPMs?	AHCCCS needs more specific information on categories of service to appropriately answer the question, however one thing to consider is the change in Pharmacy coverage resulting from Medicare Part D.
144	Data Book			Can you provide the utilization, cost and member data by month?	No.

145	H	N/A	112	Can AHCCCS define the criteria that will used to determine the following two (2) bullet points in the case of negligible differences between two (2) competing proposal for a particular GSA: an award of contract would enhance the diversity of the AHCCCS contract network the nature, frequency and significance of any compliance agreements with any regulatory authority	See the response to question #86.
146	I	3	114	Once the proposals have been opened publicly, at what time and location will the name of each Offeror be read out loud? The RFP only indicates it will take place immediately following the due date and time.	The location of the reading is AHCCCS, Contracts and Purchasing located at 701 E. Jefferson, Phoenix, Arizona 85034 immediately following the deadline of 3 PM.
147	Data Book			How has AHCCCS incorporated into the data book reports the claims payment settlements that have been entered into between health plans and providers? Have the encounters related to these claims payment settlements been received by AHCCCS and included in the data book results? What date did AHCCCS pull the cost data for the data book?	Contractors are required to encounter all payments to providers as paid. Contractors are required to correct any previously submitted encounters where a negotiated settlement subsequently occured. To the extent they have been encountered correctly, it is included in the data provided. Included in the databook are encounters received and adjudicated through the first December 2007 encounter cycle.
148	I	47	128	Question #47 – can AHCCCS provide clarity on what is being requested in the question "Describe the Offeror's experience…"? Is this referring simply to a list of contracts the Offeror has entered into as a managed care contractor or how the Offeror fulfills its obligation under these contracts, if the latter three pages will not be sufficient. At what level of detail should the risk contracts be listed, i.e. at the TANF level or TANF by the age/sex bands?	Please see the response to question #37 for page limit response. Narrative responses are at the discretion of the Offeror. Detail is also at the discretion of the Offeror.

149	I	12	123	Since the AHCCCS bid web tool and related instructions will not be released until or about February 15, 2008, the same day these questions are due, and the second set of questions responses will not be available until after March 14, 2008 – will there be an opportunity to direct questions to an AHCCCS contact on how to use the AHCCCS bid web tool? If there is an issue with the web tool, having to go through the second round of questions does not leave much time for AHCCCS to make changes and Offerors to implement. Can we have a contact person for the AHCCCS bid web tool that doesn't require a written question to be submitted and answered through the RFP questions and answer process?	Per the Data Supplement Section F, Web Instructions question #7: "Who do I contact if I have technical problems with the web application?" If you experience technical problems with the web application, please contact AHCCCS ISD Customer Support at 602-417-4451.
150	Att: G		161- 163	If a small contractor or new contractor does not reach the enrollment threshold identified on page 162 by the 6th month, is AHCCCS 100% confident that the enhanced algorithm will terminate at the end of the 6th month? Also, if the small or new contractor reaches the enrollment threshold after the 3rd month but prior to the 6th month, will the enhanced algorithm terminate in the month the enrollment threshold is reached?	The continuation of the enhanced algorithm will be reviewed after the 3 month minimum period is reached and if a need for continuation is determined the algorithm will be continued for 3 months for eligible Contractors and will be discontinued regardless of threshold attainment at 6 months.
151	Att: G		161-163	If there are no new contractors in Maricopa, why would there be a need for an enhanced algorithm which will favor the current small contractors, of which some have already benefited from an enhanced algorithm at the start of the previous bid cycle?	The auto-assignment algorithm will be consistent regardless of changes in Contractors.

152	Att: G		161-163	Is AHCCCS considering University Health Plan an incumbent in Pima County for its membership in Pima County?	Yes.
153	I		121	The instructions indicate that each section begin with a Table of Contents (TOC). Do you define section as the major categories or each subject under the category? It is presumed the TOC should be numbered but how should it be reflected on attachment J (Offeror's Checklist)?	The major categories are listed on page 121 of Section I, Instructions to Offerors as designated by the Roman Numerals I through VI. TOC page numbers do not need to be provided on the Offeror's Checklist.
154	I	50	128	Question #50 – Describe any sanctions levied against the Offeror… Is AHCCCS expecting that sanctions which have been waived/suspended by AHCCCS due to AHCCCS encounter issues be included on this list?	The Offeror must include only those sanctions that have been assessed.
155	Data Book			How is reinsurance handled in the utilization and cost data file?	Reinsurance payments are not included in the databook file, however the services that qualify for reinsurance are included in the databook.
156	Section B - Program Changes		1	What is the estimated HPV impact for CYE07?	In Section B, Program Changes, CYE 08 estimated costs have been provided. AHCCCS provided this in lieu of providing CYE 07 information since it is a full year impact.
157	Section B - Program Changes		1	Which service category will the HPV change effect?	The HPV changes will primarily impact the TANF 1-13 females and TANF 14-44 females.
158	Section B - Program Changes		3	PKU Testing: Was the auditory screen (originally covered by the hospitals) reimbursed through the supplemental delivery payment? If not, what is the estimated decrease to hospital PMPMs associated with moving the auditory screening out of the hospital?	No, the auditory screen was not covered through the supplemental delivery payment. There was no decrease to hospital PMPMs since tier rates did not change. There was only an increase to Contractor expenditures as discussed in the Section B - Program Changes.

159	Section B - Program Changes		5	Can you provide an estimated percentage increase to Pharmacy PMPMs resulting from the change in HIV/AIDS drug treatments?	No, this information is not available. See number 164 below.
160				General question: Will AHCCCS send notification to those prospective Offerors that attended the AHCCCS Bidder's conference if there are changes or amendments to the RFP or additions or changes to items on the AHCCCS Bidder Library website?	No.
161	I	43	127	Can the answer to Question #43 related to Medical home exceed the 3 page requirement, i.e. can you provide attachments to the answer for this question?	The RFP has been amended to changed the page limit for question #43 to 10 pages for the entire submission.
162	D	23 Acute-care Contractor Performance Standards Table	50	Historically the three (3) Diabetes Performance Measures listed in the Acute-care Contractor Performance Standards have been exclusively measured as a part of the ALTCS Program. Are these measures now going to be required for the Acute-care population? When will the technical specifications become available? What time frame will be used for the baseline measurement period?	Yes, the HEDIS diabetes measures will be required Performance Measures. AHCCCS utilizes HEDIS Technical Specifications, which are available through NCQA (http://www.ncqa.org/). AHCCCS has not finalized what year will be utilized as the baseline measurement year. Notification will occur upon AHCCCS determination.
163	I	14	120	Can a response to one question include a reference to examples or parts of a response in another question due to the limited length and font size of the response?	No.
164	Bidder's Library			Does the encounter and financial information in the Bidder's Library include or exclude services that have historically had a separate payment rate (HIV drugs, Hospital Supplemental payment)?	The encounter data includes the costs related to the HIV/AIDS supplement. The encounter data also includes the prospective portion of any costs associated with the hospital supplemental payment.

165	Bidder's Library	Section B	1	The description regarding HPV provides estimated aggregate CYE 08 costs. Can AHCCCS provide the projected membership numbers which underlie these amounts, or alternatively provide the amounts in PMPM form?	TANF 1-13 member months = 4,382,042 and TANF 14-44 female member months = 1,983,415.
166	Bidder's Library	Section B	2	The description regarding the change in Outlier methodology includes estimated aggregate impacts for CYE 08, 09, and 10. Can AHCCCS provide the projected membership numbers for those same time periods, or, alternatively, provide the PMPM estimates it is using to reflect the impact of the Outlier change in setting the rate ranges? (The Enrollment Information in Section H of the Data Supplement provides member growth projections for SFY 09 only).	This information will be made available in Section H of the Data Supplement located in the Bidder's Library within the month of March.
167	Bidder's Library	Section B	6	Can AHCCCS provide more information regarding the risk adjuster methodology? Specifically, how does AHCCCS intend to assure that the rates paid to plans remain actuarially sound for those plans whose rates are adjusted downward by the risk adjuster methodology?	The methodology will be shared with Contractors prior to implementation. The resulting rates will remain actuarially sound based on the Contractor's members and will be approved by CMS.
168	I	8	115	When does AHCCCS anticipate the BFO process (if any) will take place?	The BFO process will occur in April 2008, if necessary.
169	I	8	115	Will AHCCCS tell the Offeror which rates, if any, are below the bottom of the rate range, prior to the Offeror submitting revised bids in a BFO round?	Yes.
170	Bidder's Library	Section J	None	Does the encounter and financial information in the Bidder's Library exclude services that will not be bid this year, e.g., services covered under the Supplemental Delivery Payment?	Yes, delivery supplement services are excluded from the databook data.

171	A			121	The Offeror must provide the Network Attestation Statement and attachments, located in the Bidder's Library, listing the number of providers by provider type in each community listed within for each GSA bid. The Minimum Network Standards spreadsheet instructions, listed under Forms in the Bidder's Library, states in part: Column D Provider Service Type The Offer must insert the Provider Service Type for each provider within its network. Columns E, F and G Service Provider Type Specialty The offer must insert a minimum of 1 and maximum of 3 Service Provider Type Specialty codes that each provider has been contracted to render within its network. The three should include the Primary, Secondary and Tertiary specialties that the provider has been contracted to render. Question: Providers such as hospitals don't have a Provider Type Specialty. Should we report no specialty codes on these, or should we report 999 (Other), since the instructions say a minimum of 1 must be reported.	Offerors must leave columns E, F and G blank for Facilities.
172	B			121	The instructions given include a "partial list" of provider types. Is the contractor to report only those providers with types included on this list, or should all network providers be listed? If all providers should be listed, does this include pharmacies, facilities, DME providers, Lab and Radiology vendors, transportation vendors, etc.?	All network providers should be listed. Yes.

173	B		121	The RFP Minimum Network Standards Excel Spreadsheet Instructions (page 3) states that a maximum of 3 service provider type specialty codes may be entered for each provider. In the event that a facility e.g. a hospital is contracted to provide for than 3 major categories of service, how should this be handled?	Please see the response to question #171.
174	B		121	In what format should the provider name be listed?	The format is Last Name/ First Name/ MI.
175	I		121	Capitation Is it possible to schedule a meeting with the appropriate AHCCCS staff and the actuaries from the Bidders? Example question for meeting: Let's say the average PMPM cost for a certain rate code/GSA combination is $100. But a plan has had better experience than average and bids $98, which it believes is actuarially sound based on its historical experience. But later the plan is assigned a risk adjustment factor of .95, reducing its payment from $98 to $93.10, which it believes is not actuarially sound. If the plan needs $98 it should have bid $103.16, so that it gets $103.16*.95=$98.	AHCCCS will meet with Contractors during the contract year prior to the implementation of the risk adjustment methodology to discuss these issues. Bidders should not adjust for the impact of the risk adjustment when building the capitation rate bids. The risk adjustment methodology will take into account the membership at the time of implementation and will provide the Contractors with actuarially sound rates based on their current membership base. The revised rates must be approved by CMS.
176	I	1	127	Who will be the reviewers of the bid?	Please see the response to question #86.
177	I		127	University Physicians Health Plans will be responding on behalf of Maricopa Health Plan as their manager - Responses related to org charts, staffing models, etc. These really are combined infrastructures; is it acceptable/appropriate for those sections of the response to be the same and note those positions that maybe market specific, etc.?	Submissions must be Offeror-specific.

178	I	2nd bullet	127	Requesting clarification on the document submission. Question states “Submit an organizational chart down to the supervisor level that includes the number of employees under the supervisor for the following functional areas etc…” The second bullet states “Provide the number of full-time equivalent employees who are or will be devoted to the program by functional area.” In the second bullet are you requesting a chart with narrative or requesting we add this organization chart?	This information should be added to the organization chart.
179	I		129	Describe the Offeror’s HIPAA version migration plans, ability to support future HIPAA mandates, and the system’s ability to support E-health connectivity. Question: This question references contract section 74, Technology Advancements, which includes specific HIPAA transactions that must be supported. One of the transactions listed in section 74 is the 820, Payroll Deduction and Other Group Premium Payment for Insurance Products. The AHCCCS Acute Care contract we are bidding on does not include group premium payments. Question: What is the intended need of this contract requirement?	Please see the response to question # 8.
180	Attach E		155	Does AHCCCS intend to suggest or prescribe the language to be used in the actuarial certification?	No.
181	Data Supplement			Will AHCCCS be providing client specific demographic data by GSA? For example: client gender, age, race/ethnicity, diagnoses, etc.	No.